

06-26-03 DE \$8 PART B - FEE(S) TRANSMITTAL

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200350 7590 04/01/2003
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,048	09/15/2000	Robert S. Behl	16807-002400	3396

TITLE OF INVENTION: METHODS AND SYSTEMS FOR FOCUSED BIPOLAR TISSUE ABLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXXXX NO	XXXXX \$1,300	\$0	XXXXX \$1,300	07/01/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KEARNEY, ROSILAND STACIE	3739	606-041000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Radio Therapeutics Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

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☒ Issue Fee

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(Authorized Signature) David T. Burse, Reg. # 37,104 (Date) 6/23/03

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02 FC:8001

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